



City of Long Beach, 1 W. Chester Street, Long Beach, NY 11561

2020 Returning Seasonal Employee Alternative Application

Applicant's Name:	Position Held in 2019:
Social Security Number:	Date of Birth:

By signing this form I acknowledge that:

1. I am signing this form in lieu of completing a new application for a position that is the same that I held in the Summer of 2019, as an application for this position is already on file for me.
2. The information on my application on file with the Civil Service Office for this position is accurate.
3. I have been advised that Membership in the New York State Employees' Retirement System is available to me as a municipal employee. Further I understand that if I am interested in joining the New York State Employees' Retirement System, I must file an application with the Payroll Department.
4. I have documentation on file with the Civil Service Office stating that I am Legally Employable. (NOTE: the Civil Service Office may require that actual document be presented).
5. I am requesting permission to work as a seasonal employee, and therefore will be restricted in the duration of my employment. I acknowledge that I am not entitled to any benefits through this employment, including Medical Insurance, Dental Insurance, holiday pay, and other special entitlements, and hereby waive any claim to such benefits. I am not claiming any rights or benefits of a full-time employee of the City of Long Beach.
6. I acknowledge that I have received and read the City of Long Beach Employee Policy Manual, containing the City's Equal Employment Opportunity Policy, Family & Medical Leave Act ("FMLA") Policy, Drug-Free Workplace Policy, and Workplace Violence Prevention Act ("WVPA") Policy & Program.

The facts set forth on this alternative application are true and complete. I understand that any false statement is cause for immediate dismissal.

Applicant's Signature

Date

Please provide your current contact information:

Address: _____

E-Mail: _____

Home/Cell #s: _____

Emergency Contact: _____
Name Relationship Contact #